

Monthly Income Worksheet Instructions

Fill out this section to report all gross family income, from all sources, before taxes. Gross family income includes all income received by you and any listed dependents, regardless of whether they're enrolled in Basic Health.

General Instructions – Monthly Income Worksheet

For each line, show all your household's gross income received during the last 30 consecutive days or complete calendar month and fill in the name of the person who received that income. Enter the actual dollar amount (rounded to the nearest dollar), or "0" on each line.

If you or a dependent received several months' income during a single month, you may divide that income by the number of months for which the income was received. Example: You receive a \$5,000 check from the Social Security Administration in October to cover your disability benefits for the months of June through October (5 months). Your monthly income from that source is \$1,000 ($\$5,000 \div 5 = \$1,000$ per month).

Attach the documentation listed under the "Send a copy of:" column. Do not send original documents; they cannot be returned to you. All income documentation must show the date the income was received, the period for which it was earned, and the recipient's name and/or social security number. If you cannot obtain the required income documentation, send a signed, dated statement that includes the name of the person paid, the payment dates, the income source, and the payment amount before taxes or other deductions.

In addition to the documentation listed under the "Send a copy of:" column, attach a signed copy of your most recently filed federal income tax return (IRS Form 1040 and all attachments you filed with it). Whether you filed by mail or electronically, you must have signed the IRS form (your tax preparer's signature is not sufficient). If you didn't have to file or don't have a copy of your tax return for the most recent year, attach a transcript of your account or verification of nonfiling status. You can request these from the IRS by calling 1-800-829-1040 or by taking form 4506 to your local IRS office.

Line-by-Line Instructions – Monthly Income Worksheet

Income Averaging (“Check here if you want...”)

If your income changes enough from month to month to change your premium (generally, about \$200 a month), you may want to check this box to request that your last three months' income be averaged. If you are applying for Basic Health *Plus* or the Maternity Benefits Program, DSHS will determine eligibility using income documentation for the most recent month only. If your income is averaged, your premium will not change for six months unless all Basic Health premiums change or your individual circumstances change (for example, you lose your job or your family size changes).

Wages, salary, commissions, tips

Fill in the amount for each adult family member. Do not include earned income for children.

Self-employment or rental profit or loss

Fill in the net profit or loss from self-employment or rental income. Use the amount shown on your federal income tax return, unless you are completing the *Self-Employment/Rental Income Worksheet* (see instructions for that section to find out if you need to complete it). If you complete the *Self-Employment/Rental Income Worksheet*, transfer the amount from line 32 of that section to the second line of this worksheet. Be sure to attach a signed copy of your IRS Form 1040 for the most recent year, including all schedules you filed, unless you weren't required to file. Fill in your Unified Business Identifier (UBI) number, from your Washington Master License.

Unemployment compensation

If you recently lost your job and received unemployment compensation, indicate the amount actually received within the most recent 30 days or calendar month. If this will not accurately reflect your income, send updated income documentation after you are enrolled.

L&I (workers' compensation)

Fill in the monthly amount you were awarded, before any deductions.

Child support, family support, alimony

Do not include payments from the Department of Social and Health Services (DSHS) adoption support program.

Social security or supplemental security income (SSI)

Fill in the monthly amount you were awarded, before any deductions.

Public assistance (includes DSHS grants)

This includes any financial assistance you receive from DSHS or other public assistance, other than adoption support.

Retirement income or pension

If you are reporting an IRA distribution, only show the amount of interest received.

Other

The table on the right shows the most common income sources that may be included here and the documentation to send for each of them.

Subtotal

Add all the figures in the column.

Work-related dependent care expenses

Fill in the total you paid to care for children 12 or younger or for a disabled adult dependent. This is also for the last 30 days or most recent calendar month (limited to \$650 a month per dependent for work-related child care). For a disabled adult dependent, be sure to include proof of legal guardianship.

Total gross monthly income

Subtract work-related dependent care expenses from total and fill in that amount here.

"Other" Income	Send a copy of (do not send original documents)
Income from an adult foster home	<ul style="list-style-type: none"> ▶ Your adult foster home license; ▶ Your most recently filed federal tax return (IRS Form 1040) and all applicable schedules; <i>and</i> ▶ Social Services Payment System (SSPS) Invoice Voucher. <p>(If you were not required to file a federal income tax form, send the <i>Self-Employment/Rental Income Worksheet</i> completed with your income and expenses for the most recent year.)</p>
Personal care worker wages	Social Service Payment System (SSPS) Service Invoice Voucher.
Stipends or work study	<ul style="list-style-type: none"> ▶ Pay stubs; or ▶ The award letter you received that states what you were paid and for how long.
Annuities	The monthly or quarterly statement from the institution that pays you.
Dividend income	Your statement from the bank or investment firm showing the amount of dividends for the most recent quarter or month.
Estates	Court documents.
Gambling or lottery winnings	Checks.
Insurance (such as life or long-term disability insurance)	The award letter or court documents showing the schedule of payments.
Interest income	Your statement from the bank or investment firm showing the amount of interest for the most recent quarter or month.
Military family allotments	Your Leave and Earning Statement (LES).
Royalties	<ul style="list-style-type: none"> ▶ Checks; or ▶ Contract showing the amount you are paid.
Strike benefits	<ul style="list-style-type: none"> ▶ Check stub showing dates paid and the gross amount paid; or ▶ Signed, dated statement from your union showing the amount paid, before any deductions.
Trusts	Legal trust documents.
Veteran's benefits	Award letter showing your current gross monthly benefits.
Income you cannot otherwise document	Signed and dated statement that includes your name, the date you were paid, the amount you were paid (before any deductions), and the name of the company or person who paid you.

Self-Employment/ Rental Income Work- sheet Instructions

Complete this worksheet only if you had self-employment or rental income and:

- ▶ You are applying for Basic Health *Plus* or the Maternity Benefits Program for a family member (DSHS requires the information in column I for the most recent full calendar month);
- ▶ You were not required to file a federal income tax return; or
- ▶ You are reporting less than 12 months of income and expenses (see second paragraph under “General Instructions,” below).

Otherwise, you do not need to fill out this worksheet; we will use your IRS Form 1040 and schedules to document your self-employment or rental income. Be sure to include copies of all the schedules you filed, especially schedules A - E, F, K1, and 8582 if they apply to you. Because your current profit (or loss) may have changed since the amount reported on your IRS Form 1040, you may send updated income and expense documentation (such as quarterly tax statements or monthly year-to-date profit/loss statements).

General Instructions – Self-Employment/Rental Income Worksheet

For each line and column, fill in the appropriate dollar amount or “0.”

Twelve months of income and expense history are required to determine average monthly profit (or loss). If you have owned the business or rental property for a shorter time, attach a written statement of how long you’ve owned the business or rental property. Then fill in current monthly income and expenses for the actual number of months you are reporting on this worksheet.

Income history from the *previous* tax year must be based on your IRS Form 1040 (if

filing was required) or on historical monthly income and expense documentation.

Income history for the *current* tax year must be based on current income and expense documentation.

All expenses must be related to your business or your rental property. Other expenditures cannot be deducted from your gross family income as expenses.

Column I

Fill in the total for the most recent full calendar month. This is necessary only if you are applying for Basic Health *Plus* or the Maternity Benefits Program for a family member.

Column II

Fill in the total for the number of months you are reporting for the income and expense categories listed.

Column III

Divide the total from column II by the number of months you are reporting to get the average monthly income or expense. Fill in the average.

Line-by-Line Instructions – Self-Employment/Rental Income Worksheet

Line 1

Check the box next to the type of income you’re reporting. To report income for more than one type of business or rental, please use separate forms.

Line 2

Write in your name or the name of your business.

Line 3

Fill in your Unified Business Identifier (UBI) number, assigned by the Washington State License Service.

Line 4

Fill in the address of your business. If your business is operated from your home, list your residential address.

Line 5

Include a brief description of the type of business (like gas station, day care, etc.).

Line 6

Fill in your federal taxpayer I.D. number. This is generally your social security number, unless your business is a partnership or a corporation.

Line 7

Fill in the actual months for which you are reporting income and expenses.

Line 8

Fill in the gross income receipts or sales for your business or rental income before any deductions.

Line 9

Fill in the cost of goods sold, including the purchase price of raw materials, shipping, and storage.

Line 10

Do not include payments to yourself, your spouse, or partner(s).

Line 11

Include OASI (social security), Medicare, L&I (workers’ compensation), and UI (unemployment insurance) taxes and charges.

Line 12

Fill in your total business or rental advertising or other promotional expenses.

Line 13

Fill in your total car or truck expenses for business-related travel. You may use the actual expense if you have proof that you spent that amount, or the standard mileage rate (32.5 cents per mile for 2000).

Line 14

Fill in your total business or rental commissions, or management fees paid to others.

Line 15

Fill in your annual business or rental depreciation/amortization amount. If you were not required to file an IRS Form 1040, estimate the number of years the equipment/building will be useful. Divide the purchase price by this number of years to determine annual depreciation.

Line 16

Fill in only the costs of insurance directly related to your business or rental activity, such as liability and property insurance. Do not include vehicle insurance costs separately if you used the standard mileage allowance for car and truck expenses (see line 13).

Line 17

Fill in the interest paid on real property mortgages used for your business. *Do not* include amounts paid as repayment of principal. If you use only part of your home (or other property) for business, you must determine the “business percentage” of these expenses. Generally, the business percentage for mortgage interest is the same as the percentage of the property used for business (see line 21).

Line 18

Fill in the interest paid on business-related loans *other than* mortgages. *Do not* include amounts paid as repayment of principal.

Line 19

Fill in your total business- or rental-related legal and professional expenses, such as attorney, accountant, and appraiser fees.

Line 20

Fill in your business- or rental-related expenses for rent or lease of vehicles, machinery, or equipment.

Line 21

Fill in the business- or rental-related expenses for rent or lease of other business property. If the entire property is not used exclusively for business, measure the area of the property in square feet and

calculate this by dividing the area of the property used for business by the total area of the property, including the basement. Example: Your property measures 1,200 square feet. You use one room that measures 240 square feet for business. Therefore, you use one-fifth ($240 \div 1,200$), or 20%, of the total area for business.

Line 22

Fill in the business- or rental-related expenses for routine repair and maintenance of your business, equipment, vehicle(s), or rental property. *Do not* include payments for your own labor, or car- and truck-related expenses from line 13.

Line 23

Fill in your business- or rental-related expenses for supplies, such as office supplies, postage, shipping, and handling for your business.

Line 24

Fill in your business- or rental-related *nonpayroll* taxes, such as property taxes, business and occupational taxes, and business-related license fees. You may list half of the self-employment tax you paid.

Line 25

Fill in business-related travel expenses, which are ordinary and necessary expenses incurred while traveling for your business or profession. *Do not* include expenses listed in line 13.

Line 26

Fill in your business-related expenses for meals and entertainment.

Line 27

Fill in business-related expenses for utilities such as heat, lights, power, and telephone service. List only utility expenses used to support your business. If you use only part of your home (or other property) for business, determine the business percentage of these expenses, generally the same as the percentage of property used for business (see line 21). Example: your electric bill is \$400 for

lighting, cooking, laundry, and television. Only the lighting bill is used for business. If \$250 of your electric bill is for lighting and you use 10% of your property for business, then \$25 is considered a business-related expense.

Line 28

Fill in other related business expenses that you will file with your tax return and describe them briefly.

Calculations

Line 29

Add the figures in column III, lines 9 through 28, to determine your total average monthly expenses. Write this amount in box B.

Line 30

Subtract the amount in box B from the amount in box A (at the top of column III) to determine your average monthly self-employment profit (or loss) amount. Write this amount in box C.

Line 31

Check the box next to the appropriate form of business. Determine the percentage of business that you own and write that percentage in box D. If you and your spouse are both partners in the business, this would be the sum of your ownership percentages. Use 100% for a sole proprietorship.

Line 32

Multiply the amount in box C by the percentage in box D to determine your share of the average monthly self-employment/rental net profit (or loss). Transfer this amount to the Monthly Income Worksheet, in the box for “Self-employment or rental profit or loss”.)

MONTHLY INCOME WORKSHEET

Follow the instructions beginning on page 3. If you have rental or self-employment income, you may also be required to fill out the *Self-Employment/Rental Income Worksheet* on the other side of this form.

- ☐ Check here if you want your monthly Basic Health premium based on the most recent three consecutive months' income. Be sure to attach proof of each source of income for all three months. Read page 3 of the instructions.

Do not send original documents. They cannot be returned to you.

Income source	Income received	Family member who received this income:	Send a copy of:
Wages, salary, commissions, or tips for the most recent 30 days or full calendar month	\$		Pay stubs. (If your pay stub does not show the amount you received as tips, include a signed and dated statement from your employer, indicating the amount you earned in tips.)
Self-employment or rental profit or loss, if applicable (from your IRS Form 1040 or line 32 of the <i>Self-Employment/Rental Income Worksheet</i>) UBI number:	\$		Your most recently filed federal income tax return (IRS Form 1040) and all applicable schedules. (If you were not required to file a tax return or are asking us to use less than 12 months of information, complete and send the <i>Self-Employment/Rental Income Worksheet</i> .)
Unemployment compensation	\$		Check stubs.
L&I (workers' compensation)	\$		Award letter showing your current gross monthly benefits.
Child support, family support, alimony	\$		<input type="checkbox"/> Checks; <input type="checkbox"/> Court documents indicating the amount awarded; or <input type="checkbox"/> Office of Support Enforcement (DSHS) statement.
Social security or supplemental security income	\$		Benefits statement received at the beginning of the current year.
Public assistance (includes DSHS grants)	\$		Copy of the award letter showing your monthly benefit and dates received.
Retirement income or pension	\$		<input type="checkbox"/> Pay stub; or <input type="checkbox"/> Award letter or benefit statement showing your current monthly benefit. <input type="checkbox"/> Military cost of living allotment statement.
Other (please describe; see instructions with this application)	\$		Read the instructions to find out what to send.
Subtotal:	\$		
Subtract work-related dependent care expenses (see instructions):	—\$		Receipts, canceled checks, or credit card invoices for work-related dependent care expenses, or the child support order showing the amount for child care expenses and the canceled check covering the most recent month. Include the name, address, and phone number of the dependent care provider.
Total gross monthly income:	\$		IRS Form 1040 and schedules, or transcript or proof of nonfiling status (see the instructions).

If you or your spouse are reporting no income, you must briefly state how you supported yourself and then sign below.

Signature	Name (please print or type)	Date / /
Signature of spouse	Name (please print or type)	Date / /

HCA 24-301 (10/00)



SELF-EMPLOYMENT/RENTAL INCOME WORKSHEET

Not everyone is required to complete this section. Read page 5 of the instructions to see if you need to fill in this information.

1 Check one: ☐ Self-employment income ☐ Rental income

2 Business name

3 UBI number

4 Business address

City

State

ZIP Code

5 Type of business

6 Taxpayer I.D. or social security number

7 Indicate the months you are reporting on this form:

MO / YR – MO / YR

COLUMN I

Total for most recent 30 days or full calendar month (must be completed for Basic Health Plus or Maternity Benefits Program)

COLUMN II

Total for period you are reporting

COLUMN III

Average per month

INCOME

8 Gross receipts, sales, or rental income

\$

\$

\$

A

EXPENSES

9 Merchandise and materials

\$

\$

\$

10 Gross wages paid to employees

\$

\$

\$

11 Employer's payroll-related taxes

\$

\$

\$

12 Advertising/other promotional expenses

\$

\$

\$

13 Car and truck expenses

\$

\$

\$

14 Commissions/management fees

\$

\$

\$

15 Depreciation

\$

\$

\$

16 Insurance

\$

\$

\$

17 Interest – mortgage

\$

\$

\$

18 Interest – other

\$

\$

\$

19 Legal and professional services

\$

\$

\$

20 Rent or lease – vehicles, machinery, or equipment

\$

\$

\$

21 Rent or lease – other business property

\$

\$

\$

22 Repairs and maintenance

\$

\$

\$

23 Supplies

\$

\$

\$

24 Taxes

\$

\$

\$

25 Travel

\$

\$

\$

26 Meals and entertainment

\$

\$

\$

27 Utilities

\$

\$

\$

28 Other expenses

\$

\$

\$

29 **Total average monthly expenses** Add expense totals from lines 9 through 28 in column III, and enter in B.

—\$

B

30 **Average monthly self-employment profit (or loss)** Subtract B from A, and record in C.

\$

C

31 **Your share of profit (or loss)**

Form of business:

☐ Sole proprietorship

☐ Partnership

☐ S-Corporation

Percentage of business you own %

D

32 Your share of average monthly self-employment/rental profit (or loss)

Multiply C by D and record here and on the Monthly Income Worksheet under "self-employment or rental profit or loss."

\$